Vehicle Incident Report Form

State Budget and Control Board General Services Division Office of State Fleet Management 1022 Senate Street Columbia, SC 29201-3160

The State of South Carolina requires its employees to operate State vehicles in a safe and courteous fashion, obeying all transportation laws. Citizens who observe a State vehicle being operated improperly are asked to notify State Fleet Management of such incidents.

Please notify our office by completing the form below and sending it to the address listed at the top of this page. We will forward a copy of the complaint to the appropriate agency for an investigation of the incident to determine if corrective action is required.

We at State Fleet Management sincerely appreciate your interest and concern for the proper operation of the vehicles belonging to the State, and we thank you for your time and effort.

Date of Observation Dat	e: Tin	ne:	AM / PM
Vehicle Identification (if know	License Tag No.:		
Year:	Make:	Model:	
Driver Identification (if known	Name:		
	Sex: Description:		
Location of Incident (such as s	treet, highway, intersection, direction	of travel)	
	Signature and Address R		
Please check the box at left to rec	eive a copy of the Agency's response to this c	complaint.	
Signature:		Telephone:	
Name (please print):		Fax:	
Address:			_
City:	State:	ZIP:	

Original: State Fleet Management Copy: Agency